

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90063 022 \*\*\*150.00

0625728, AT

**DOCUMENT # 819113**

1. Entity Name

**ALLEGIANCE LIFE INSURANCE COMPANY**

Principal Place of Business

**ATTN: TAX DEPT.  
 #1 HORACE MANN PLAZA  
 SPRINGFIELD IL 62715**

Mailing Address

**ATTN: TAX DEPT.  
 #1 HORACE MANN PLAZA  
 SPRINGFIELD IL 62715**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**95-1858796**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMM. OF INS. AND TREASURY  
 CAPITOL BUILDING  
 TALLAHASSEE FL 32304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. **SEE ATTACHED LIST** OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HECKMAN, PETER H 1 HORACE MANN PLAZA SPRINGFIELD IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CAPARROS, ANN M #1 HORACE MANN PLAZA SPRINGFIELD IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVTO BARNETT, DIANE 1 HORACE MANN PLAZA SPRINGFIELD IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZOCK, GEORGE J. 1 HORACE MANN PLAZA SPRINGFIELD IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOWER, LOUIS G II 1 HORACE MANN PLAZA SPRINGFIELD IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISMAN, VALERIA A #1 HORACE MANN PLAZA SPRINGFIELD IL 62715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**DIANE BARNETT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 26 2002**

Date

Daytime Phone #

**217-788-5385**

CR2E034 (9/01)

*Attachment*

**ALLEGIANCE LIFE INSURANCE COMPANY  
FLORIDA CORPORATION ANNUAL REPORT  
OFFICERS & DIRECTORS LISTING**

As of February 8, 2002

432678  
PAGE 1

#819113

TITLE	NAME	OFFICE ADDRESS
V	JENSEN, DANIEL M.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
VT	HENDERSON, J. MICHAEL	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	CONKLIN, BRET A.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AVAT	CHRISTIAN, ANGELA S.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	EGIZII, MARY JO	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AS	SACCO, LINDA L.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	ARISMAN, A. THOMAS	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	LEITERMANN, JOHN H.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	RICH, ROBERT E.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	BRAUN, JANN M.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	BYERS, RONNIE H.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	TITONE, PETER M.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AVAS	ARMSTEAD, RHONDA R.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
PD	LOWER II, LOUIS G.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
VD	HECKMAN, PETER H.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	ZOCK, GEROGE J.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715

QUESTION NO:12

VSD CAPARROS, ANN M.

AV BARNETT, DIANE M.

#1 HORACE MANN PLAZA  
SPRINGFIELD, ILLINOIS 62715

#1 HORACE MANN PLAZA  
SPRINGFIELD, ILLINOIS 62715

Attachment

#813113 PAGE 2